

EVALUATION OF SUICIDE PREVENTION

AIDES PROGRAM AND SPECIAL OBSERVATION LOG
BOOK PROCEDURES AS INSTITUTED IN DIRECTIVE

Nos. 7 and 8 (February 22, 1972)

3/13/68
6/2/72
JUL 7 1972

The following is a report by the Planning and Monitoring Task Force on a evaluation of the new Special Observation Logbook Procedures, and the Suicide Prevention Aides Program that were instituted by Departmental Directives Nos. 7 & 8 (February 22, 1972).

Directives 7 & 8 both deal in different ways with the problem of the prevention of suicides in the Department's custodial facilities. Directive 7, established a new Special Observation Logbook procedure that was implemented to reduce the confusion and duplication of work performed when a entire area is composed of special observation or mental observation inmates. This logbook procedure reduces the amount of paper work to be completed by the correctional officers assigned to a special observation area. This allows these officers to spend more time observing inmates who's behavior warrants special attention.

Directive No. 8 instituted the Suicide Prevention Aides Program. The stated purpose of this program is to provide assistance to the Observations Officer in the sensitive area of suicide prevention. Each institution became responsible for selecting of sentenced or detention inmates to be assigned to the program in sufficient numbers to provide coverage on a twenty-four hour, seven days a week basis. These inmates were to receive training in mental health procedures by HSA, and were to be compensated as skilled inmate helps.

The task of monitoring the Suicide Prevention Aide Program, was assigned to the Planning and Monitoring Task Force for the past 3 month period. Initially both the loose construction of the programs' guidelines and a clouding of the respective responsibilities of the Department of Correction and the Health Service Administration hampered effective implementation of this program. The heads of the various correctional institutions involved in this program were left with the task of developing the operational side of these new procedures,

while the Mental Health units assigned to these institutions were to be responsible for the training and screening process. No specific training procedures were established by HSA and no criteria for the program was created by the Department of Corrections.

It is conceivable that the Department felt it was important to allow each institution to develop its own program. Still it is believed that some communication between institutions would have been advisable to facilitate the flow of information among the various program directors. All the institutions visited by the Task Force expressed interest in knowing how their program compared with the programs of the other institutions. The supplying of this information could possibly have been of great use to these institutions. Except for the directives received from the Department of Corrections and HSA instituting this program, little else in terms of information concerning implementation and operation of the program is available.

It must be said that in regard to this survey little assistance was obtained from the Department of Correction. On numerous occasions, copies of memos either from the Central Office or a particular institutions pertaining to the suicide prevention aide program, were obtaining only after intercession of the Task Force Unit Supervisor.

Operationally it can be assessed that Directive Nos. 7 & 8 have been complied with to various degrees depending upon the initiative and attitude of the institution involved. Some modifications in the program have been noted due to differences in the availability of personnel as well as differences in the physical plants of the various institutions.

While administrator's of the program favored the procedures set out in Directive No. 8, the Task Force found numerous correction officers in disagreement with their supervisor's opinion. These officers

felt that this program was yet another attempt to diminish their authority. It is the judgment of the Task Force that programs such as the Suicide Prevention Aide Program would be better received if correction officers were consulted before such programs were implemented. Such a consultation would serve several purposes. First, correction officers could be approached and informed of the possible benefits of the proposed program. This would allow officers to feel that they play a part in the decision making process that effects the performance of the jobs. Secondly, it is just possible that correction officers, who after all have the most incisive knowledge of problems relating to the functions of their work area, would be able to suggest procedures and solutions to difficulties that might be encountered by this program. Finally, there is every reason to believe that even if this consultation added little to facilitate implementation, it will in the final analysis decrease hostility of correction officers to the acceptance of new procedures.

A. Special Observation Cases

In general, the new standing operating procedure concerning "Special Observation" cases has been well received in the institutions. The new log book method is far superior to the method as defined in previous form No. 103 which defeated its purpose by employing needless and time consuming procedures. Though each institution varies slightly in its use of the present form No. 103 it is felt that any inmate first placed in an observation area for whatever reason should be maintained on the "Special Observation" sheet until seen by a doctor. This should be accomplished within the first 24 hours. Once cleared by the doctor the inmate should then be removed from form No. 103 and placed in the Special Observation log book.

Names of any inmates sent to an observation area should be listed and immediately sent to both the mental health unit and the medical staff. Furthermore, a doctor entering an observation area should sign the log book along with any comments pertaining to the observation of inmates.

Because of the many rotating officers who work in observation, a copy of directive No. 7, and any additional information or examples deemed necessary by the institution should be included in the log book. This will eliminate misunderstandings and make clear to the officers on duty just what is expected of them.

A good example of the above procedure was instituted at the Brooklyn House of Detention and could be of help to other institutions.

A last recommendation for the Special Observation log book would be to purchase hard-covered books because of the constant use and abuse of these materials.

B. Suicide Prevention Aides

During the survey of the trial institutions that were to implement this program there appeared to be much confusion and delay in the early stages of implementation. Each institution was allowed to develop its own program cooperatively with its mental health units but without adequate guidelines, neither seemed exactly clear on this proposal.

It is not necessary in this report to take each institution and describe their individual methods of setting up the suicide aide program. To date, most institutions have sent into Central Office their own evaluations of the program and with one or two exceptions they appear to have the programs working satisfactorily.

Each institution visited had in the workings a slightly varied approach. Some were not providing 24 hour coverage by the aides, others had well thought out mental health training programs, while a few had provided the aides with a brief orientation.

The Adult Remand Shelter appeared to be having the most trouble. Personnel there stated that it was extremely difficult to obtain inmates who wanted this particular type of work. It should also be mentioned that this particular institution appeared to be the least favorably inclined toward this program.

Rikers Island Hospital also had difficulties in obtaining inmates to work and there appeared to be a stumbling block in Dr. Benson. He felt that he was never really formally told by the institution about the program and was therefore awaiting further word prior to implementation. However, the mental health unit in the hospital stated that they were planning a training program.

In view of the surveyed institutions the most thought-out and ambitious programs were those instituted by the Bronx and Brooklyn House's of Detention. In both these institutions excellent cooperation exists between corrections and mental health, and as a result, excellent programs were developed.

Both these institutions utilize trial inmates selected from the areas to be observed. These inmates were given class instruction in mental health techniques to be employed. Additionally, these aides remain in close contact with the other inmates thus increasing their potential for effectiveness.

It is realized that each institution differs in its physical structure and has some problems which are unique. However, it is strongly felt that such a vital program as the suicide prevention aides can benefit immensely from close communication and sharing of

information among the institutions. The department should take the necessary time and utilize the heads of institutions meeting to discuss with mental health workable programs for each institution. The Bronx and Brooklyn Houses of Detention are examples of good programs and exploring their developments along with other solutions could be of great value. It is quite evident that such sharing of information does not presently exist. Directive No. 8 has now been instituted on a permanent basis as set forth in Directive No. 20, dated May 25, 1972. It is now more vital than ever to establish institutional sharing of information on a regular basis.

Recommendations

1. It is difficult to derive recommendations that would be applicable to all institutions. However, one recommendation that can be applied is the training of suicide prevention aides. In order to carry out their work effectively, sufficient instruction in mental health should be administered on a weekly basis. In conjunction with this, there should be feedback sessions with mental health personnel that would enable the aides to review the happenings during a week and their reaction and/or suggestions.
2. Mental health personnel must visit the observation areas daily to review their own patients and to pick up any necessary information from the aides.
3. When applicable, aides should be selected from their own observation areas. This enables closer contact and understanding with the other inmates and eliminates the feeling of "being watched" or "ratted on" by inmates from another area.

4. When applicable, steady officers should be utilized, or a least steady rotating officers for any observation area. This is most important since this is one area where the officers should know and be able to work with inmates.
5. All correction officers should be acquainted with some training in mental health and behavior that would enable them to handle the various prison personalities more adequately. This applies even more to those officers assigned an observation area.
6. Because the work of the suicide prevention aide is long, tedious and envolves risk taking, some additional benefit for the inmate should be made. On the case of trial inmates perhaps the fact that they did such work and did it well, could be sent in a report to the court on their behalf. For sentenced inmates good time could not be increased due to legalities but perhaps the department could devise some method of reward other than, or in addition to a monetary reward.
7. A rather minute point but one that has come to my attention during this survey has been the title of the aides. It is suggested that the name or "orderlies", or some other with less innocuous overtones be used instead of mental health aides.
8. The suicide prevention aide program can be utilized as a method of inmate self-help as well as for the intended purpose. The aides after some working and learning experience are in a sense "para-professionals". If you add to this adequate class instruction in mental health many can enter an after-care program such as the one Dr. Kaufman has for mental health trainees. They then can become mental health workers and return to prison in that capacity with a vast amount of knowledge that may benefit all. It is recommended

that the department, together with the HSA mental health facility look into this possibility. Many additional mental health workers are needed in the institutions and should be available in each institution on a 24 hour basis.

A last recommendation reiterates a previous statement in this report but is sufficiently important to repeat. It cannot be emphasized enough that the department must open channels of communication that would foster information-sharing among the institutions. In so far as this concerns the suicide prevention program it is strongly urged that the work accomplished by both the Bronx and Brooklyn Houses of Detention be utilized as examples of what can be attained through cooperation and individual initiative.

Without doubt the Suicide Prevention Aide program has been a success and it is to the department's credit that such a necessary plan has been instituted. By using inmates in such an important area of prison life the suicide rate for this period in the year is indeed lower. On numerous occasions the inmate aides have been instrumental in preventing possible suicides. Though it is impossible to prevent every suicide from occurring, with such a program in operation, the possibilities for suicide fatalities are definitely lessened. Further cooperation and planning is needed by capitalizing on the full potential of such a program.

DEPARTMENT OF CORRECTION
CITY OF NEW YORK

OFFICE OF THE COMMISSIONER

DIRECTIVE NO. 7

February 22, 1972

To: HEADS OF INSTITUTIONS AND DIVISIONS

SPECIAL OBSERVATION CASES

1. Effective immediately, the following standing operating procedure concerning "Special Observation" cases shall be temporarily instituted on an experimental basis.
 2. Every inmate placed under special observation or in a punitive segregation status shall be observed at least once every one half hour on each tour of duty by the officer responsible for making such observations.
 3. However, in order to permit the observation officer more time for the important task of observation and to minimize the amount of routine clerical entries for each inmate under observation, the following shall be the procedure for recording observation information:
 - a. In housing areas where the entire inmate population is under special observation, a "Special Observation" log book of all observation cases shall be established in each such housing area in place of the individual "Special Observation" sheet (Form No. 103). The types of entries to be made in the "Special Observation" log book shall be as follows:
 - (1) The date and the tour of duty.
 - (2) The full name and shield numbers of the observation officers and their areas of observation responsibilities.
 - (3) Whenever the duly assigned observation officer is relieved, for any reason, the time and reason for the relief shall be entered together with the full name and shield number of the relieving officer.
 - (4) If an inmate refuses to eat his meal the information must be reported to a superior officer and a notation recording this fact shall be entered in the log book.

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(5) Notice of any peculiar behavior or unusual actions by an inmate under observation shall immediately be reported to a superior officer and a notation recording the time, the nature of the occurrence and the name and rank of the superior officer notified shall be recorded.

b. In cases where inmates under special observation are housed in areas with the general inmate population, observation entries shall continue to be made by the officer concerned on the regular "Special Observation" sheet, (Form No. 103) adjacent to the appropriate one-half hour time segment. However, only the following types of entries shall be made:

(1) If an inmate refuses to eat his meal the information must be reported to a superior officer and a notation recording this fact shall be entered.

(2) If the inmate is seen by a doctor, the name of the doctor shall be recorded.

(3) Whenever the inmate leaves the jurisdiction of the observation officer an entry shall be made denoting where he went.

(4) When the inmate is returned, an appropriate entry shall be made denoting his return to the observation jurisdiction.

(5) Notice of any peculiar behavior or unusual actions by an inmate under observation shall immediately be reported to a superior officer and a notation recording this fact shall be entered.

4. Whenever a superior officer receives information concerning unusual behavior or refusal to eat by an inmate under observation, he shall immediately investigate the matter and shall take whatever appropriate action is required.

5. At least twice during each tour of duty, a captain or other superior officer concerned shall visit the special observation or punitive segregation sections and personally observe each inmate housed therein. In addition, he shall inspect the "Special Observation" log book and the "Special Observation" sheets to ensure that the abovementioned appropriate entries are being properly recorded by the correction officers concerned. On the "Special Observation" sheets, the captain or other superior officer concerned shall place his

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initials adjacent to the time of his inspections and at the conclusion of his tour of duty shall sign his name and shield number as the inspecting superior officer in the appropriate section of the form. In the "Special Observation" log book, the captain or other superior officer concerned shall note the time of his inspections and shall sign his name, rank and shield number.

6. The 4-12 Tour Observation Officer, after having been relieved of duty by the 12-8 Tour Observation Officer, shall deliver to the 12-8 Tour Commander all the observation sheets on his post for the previous twenty-four hour period. In addition, before the conclusion of his tour of duty, the 4-12 Tour Observation Officer shall be responsible for preparing individual observation sheets for all inmates requiring them for the next twenty-four hour observation period commencing at midnight.

7. It shall be the responsibility of the 12-8 Tour Commander to scrutinize the previous twenty-four hour observation sheets to ensure that the aforementioned procedures have been complied with. He shall then enter his signature on each sheet as the reviewing authority.

8. Upon the completion of the aforementioned procedure, the observation sheets for each twenty-four hour period shall then be placed in alphabetical order by the name of the inmate and shall be filed in folders in chronological order by date in the office of the Deputy Warden.

9. Inasmuch as this procedure is introduced on an experimental basis, it is directed that you closely supervise the procedure for sixty days so that you may make a proper evaluation. At the conclusion of the sixty day period, a report containing your comments and recommendations shall be transmitted to the Office of the Director of Operations. After analysis and evaluation, a determination shall be made as to whether or not to continue this procedure.

10. Until further notice the provisions contained in General Orders No. 2, dated January 6, 1966, are temporarily suspended.

Benjamin J. Malcolm
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(Commissioner)

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